

## **Maine CDC/DHHS Public Health Update**

**March 16, 2010**

### **COLORECTAL CANCER SCREENING**

#### **No-Cost Colorectal Cancer Screenings for Eligible Maine Residents**

Maine CDC is now providing no-cost screening and follow up for colorectal cancer for eligible Maine residents age 50 and older. For more information: <http://bit.ly/c8ITVg>

### **HEALTHINFONET**

#### **What Is Maine's HealthInfoNet?**

HealthInfoNet is an important statewide patient information resource that can help support health care providers' treatment of patients. Clinicians from around Maine have reported on how they are using HealthInfoNet today to improve their access to patient clinical information when they need it most.

Take eight minutes to learn more about HealthInfoNet from Maine clinicians who are finding real value in using the statewide health information exchange. As you'll see, the video includes interviews from sites across the state. Just click on this link: <http://www.youtube.com/watch?v=sXJXg4vNbOM>.

### **PRIVATE WELL TESTING TIME**

#### **National Ground Water Awareness Week**

Over half of Mainers obtain their drinking water from a private well. Just as you check your furnace or smoke detector batteries seasonally, spring is a good time to have an annual drinking water well checkup before the peak water use season begins. Every household well owner is urged to check his or her well cap to make sure it is in good condition to protect their water supply from contamination. A damaged or unsecured well cap can allow the entry of bacteria or other contaminants into the well. It is one of the easiest things to check, and any well owner can do it. To learn more about how you can protect your well water, visit [wellwater.maine.gov](http://wellwater.maine.gov) or [www.wellowner.org](http://www.wellowner.org).

### **CELL PHONE USE AND POSSIBLE HEALTH EFFECTS**

A number of people have been asking about possible health effects from cell phone use. Below is an excerpt from the US FDA's website that is an excellent brief summary of the knowledge to date. Links to additional resources are also included.

#### **Do cell phones pose a health hazard?**

Many people are concerned that cell phone radiation will cause cancer or other serious health hazards. The weight of scientific evidence has not linked cell phones with any health problems.

Cell phones emit low levels of radiofrequency energy (RF). Over the past 15 years, scientists have conducted hundreds of studies looking at the biological effects of the radiofrequency energy emitted by cell phones. While some researchers have reported biological changes associated with RF energy, these studies have failed to be replicated. The majority of studies published have failed to show an association between exposure to radiofrequency from a cell phone and health problems.

The low levels of RF cell phones emit while in use are in the microwave frequency range. They also emit RF at substantially reduced time intervals when in the stand-by mode. Whereas high levels of RF can produce health effects (by heating tissue), exposure to low level RF that does not produce heating effects causes no known adverse health effects.

The biological effects of radiofrequency energy should not be confused with the effects from other types of electromagnetic energy.

Very high levels of electromagnetic energy, such as is found in X-rays and gamma rays can ionize biological tissues. Ionization is a process where electrons are stripped away from their normal locations in atoms and molecules. It can permanently damage biological tissues including DNA, the genetic material.

The energy levels associated with radiofrequency energy, including both radio waves and microwaves, are not great enough to cause the ionization of atoms and molecules. Therefore, RF energy is a type of non-ionizing radiation. Other types of non-ionizing radiation include visible light, infrared radiation (heat) and other forms of electromagnetic radiation with relatively low frequencies.

While RF energy doesn't ionize particles, large amounts can increase body temperatures and cause tissue damage. Two areas of the body, the eyes and the testes, are particularly vulnerable to RF heating because there is relatively little blood flow in them to carry away excess heat.

### **Cell Phone Use and Children**

The scientific evidence does not show a danger to any users of cell phones from RF exposure, including children and teenagers. The steps adults can take to reduce RF exposure apply to children and teenagers as well.

- Reduce the amount of time spent on the cell phone
- Use speaker mode or a headset to place more distance between the head and the cell phone.

Some groups sponsored by other national governments have advised that children be discouraged from using cell phones at all. For example, The Stewart Report from the United Kingdom made such a recommendation in December 2000. In this report a group of independent experts noted that no evidence exists that using a cell phone causes brain tumors or other ill effects. Their recommendation to limit cell phone use by children was strictly precautionary; it was not based on scientific evidence that any health hazard exists.

**Cell Phones** (excerpt above is from this website)

<http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/HomeBusinessandEntertainment/CellPhones/default.htm>

**Radiofrequency Safety**

<http://www.fcc.gov/oet/rfsafety/rf-faqs.html>

**Wireless Safety**

<http://www.fcc.gov/cgb/cellular.html>

**National Cancer Institute (part of National Institutes of Health)**

**Fact Sheet on Cell Phone Use and Cancer Risks**

<http://www.cancer.gov/cancertopics/factsheet/Risk/cellphones>

### **VACCINATING CHILDREN HELPS ENTIRE COMMUNITY**

**New Study Shows that Vaccinating Children Against Flu Helps Protect the Entire Community**

The U.S. CDC's Immunization Services Division reported that as of mid-February, 126 million doses of H1N1 vaccine had been ordered by states and that innovative school-based vaccination programs, such as those conducted in Maine, were effective in reaching children who were in the target groups for vaccination.

A new study shows that when children get vaccinated against seasonal flu, the entire community can benefit. The study, conducted in religious colonies in Canada that have limited contact with surrounding communities, found that people living in communities where about 80 percent of the children were vaccinated against the seasonal flu were much less likely to contract seasonal influenza, even if they had not gotten vaccinated. **The results offer clinical evidence that**

**immunizing school children can be effective in preventing flu transmission to the wider community.** More information on the study can be found at [www.nih.gov](http://www.nih.gov)

Maine CDC is soliciting input from all partners involved in the next flu season's vaccination efforts in order to find the best way to vaccinate Maine children against the flu. Maine CDC will be providing seasonal influenza vaccine for all Maine children ages 6 months to 18 years-old for the 2010-2011 flu season, in accordance with US CDC's Advisory Committee on Immunization Practices (ACIP) recommendation that all people aged 6 months and older receive annual flu vaccine. State and federal funds are supporting this effort.

## **INFLUENZA UPDATE**

### **Influenza Activity in Maine and the US**

Virtually all detected influenza activity seen across the country is with the pandemic strain of H1N1. Most states are reporting sporadic, local, or regional influenza activity. The full national report can be found at:

<http://www.cdc.gov/flu/weekly/index.htm>.

Maine's influenza activity was coded "regional" this week, due to an increase in outpatient visits for influenza-like illness as well as an outbreak of probable influenza B in a long-term care facility. Maine's weekly influenza surveillance report can be found at: <http://bit.ly/b6dCfZ>

Nationally, October 2009 saw the highest rate of flu illness of any flu season since surveillance began. Children ages 5 – 17 were most likely to be hospitalized from the H1N1 flu virus. The majority of people who were hospitalized had an underlying condition, with asthma being the most common.

The H1N1 virus has not changed significantly since it was first recognized in spring 2009 and remains responsive to antiviral treatment.

Although there have been no new H1N1-related hospitalizations since the last update, almost all of those hospitalized in recent weeks in Maine were unvaccinated, at high risk for severe disease, and not started on antiviral medicines within 48 hours of the onset of symptoms. **It is therefore important to continue to vaccinate, to keep H1N1 in the differential diagnosis, and to start treatment early for those who are at high risk for severe disease.**

We expect H1N1 to continue to circulate, especially in those areas that did not see large surges in disease and/or did not have high vaccine rates. Testing for and reporting of cases and outbreaks to Maine CDC continue to be important strategies to track the virus's spread.

It is still important to continue to offer the H1N1 vaccine to those at high risk for severe disease or those who are in a high priority category and who may have been missed earlier. If someone is vaccinated now, they can still receive the seasonal flu vaccine in the fall, which will contain the 2009 H1N1 strain. Those who should be focused on for ongoing H1N1 flu vaccine include:

- women who are now pregnant;
- infants who are now 6 months of old or older;
- caregivers and household contacts of newborns and other young infants;
- people 65 and older who may have been waiting for others to be vaccinated;
- those with chronic diseases;
- all young people ages 6 months to 25 years of age; and
- all health care workers and EMS, including caregivers of people with developmental and/or physical disabilities.

Additionally, with spring break coming up and large number of students expected to travel both domestically and internationally, vaccination of college-age students, who have been hard-hit by illness during this pandemic, continues to be recommended. Vaccine clinics can be located by calling 211 or by visiting [www.maine flu.gov](http://www.maine flu.gov). The free clinics are in bold font.

Although we have not seen evidence of significant seasonal influenza strains circulating, there was an outbreak of probable influenza B in a long-term care facility this past week. Therefore, **if providers have seasonal flu vaccine available, please continue to offer it to those who are at risk for severe infection or who otherwise desire vaccine.**

**For the 2010-2011 season, flu vaccine will be recommended to all people.** Although Maine CDC does not and never has provided the majority of seasonal flu vaccine in Maine, we are able to purchase sufficient seasonal flu vaccine supplies for all children in Maine for this coming season, and expect to offer it to health care providers to administer in a variety of settings where children commonly spend their day. We will have more details on this effort soon.

#### **Disposing of and Reporting Unused/Expired Vaccine**

Unused or expired H1N1 vaccines may not be returned to the distributor. If vaccine cannot be redistributed prior to expiration, the health care provider is responsible for disposing of the vaccine appropriately, in compliance with Maine's biomedical and/or hazardous waste rules. However, US CDC is working on a possible centralized national system for disposal of vaccine, and we will know more about this possibility later this month.

**Discarded vaccine needs to be reported to Maine CDC.** Providers should report the doses discarded on the same weekly reporting form used for vaccine administration

([http://www.maine.gov/dhhs/boh/maineflu/schools/documents/Aggregate-H1N1-weekly-reporting\\_V3.pdf](http://www.maine.gov/dhhs/boh/maineflu/schools/documents/Aggregate-H1N1-weekly-reporting_V3.pdf)) – please note any discarded doses in the space between the two “Total” cells at the lower right corner of the form with a mark of “Expired (and discarded) doses.”

## **STAY UPDATED**

### **How to Stay Updated**

- **Follow Maine CDC's Social Media Updates:**
  - **Facebook** (search for “Maine CDC”) <http://www.facebook.com/pages/Augusta-ME/Maine-CDC/135584761549>
  - **Twitter** (<http://twitter.com/MEPublicHealth>)
  - **MySpace** ([www.myspace.com/mainepublichealth](http://www.myspace.com/mainepublichealth))
  - **Maine CDC's Blog** (<http://mainepublichealth.blogspot.com>)
- **For clinical consultation and outbreak management guidance** call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **For general questions:**
  - call **2-1-1** from 8 a.m. to 8 p.m. seven days per week